



U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FORM
TC-9503

1997 CENSUS OF TRANSPORTATION VEHICLE INVENTORY AND USE SURVEY

OMB No. 0607-0830: Approval Expires 10/31/99

CENSUS USE									
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DUE DATE: 30 DAYS AFTER RECEIPT OF FORM	
REGISTRATION INFORMATION	
Make of vehicle 101	Year of model 102
State 103	License number 104
Vehicle Identification Number (VIN) 105	
See Survey Coverage below if you have questions about completing this report.	
Please return completed form to: BUREAU OF THE CENSUS 1201 East Tenth Street Jeffersonville, IN 47132-0001	

(Please correct any errors in name, address, and ZIP Code.)

SURVEY COVERAGE

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses, organizations, and residents that receive this questionnaire to answer the questions for the vehicle identified in the registration information section above and return the questionnaire to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by sworn Census Bureau employees and may be used only for statistical purposes.

If you have questions about completing this report, please call or write the Census Bureau. In any communication be sure to refer to the 11-digit Census File Number (CFN) printed in the label above. Toll-free assistance is available, 8:00 a.m. to 5:00 p.m., Eastern Standard Time, Monday through Friday: 1-800-772-7851.

IMPORTANT NOTICE: All questions on this form refer to the vehicle described in the registration information section and its use during calendar year 1997, unless the vehicle was disposed of on

or after July 1, 1996 and prior to January 1, 1997. If the vehicle was disposed of on or after July 1, 1996, and prior to January 1, 1997, please complete entire questionnaire, answering each item according to the vehicle's use during calendar year 1996. If the vehicle was disposed of prior to July 1, 1996, please complete Items 1a, 1b, and 15 only.

It is very important that you read the instructions as you answer the questions. If exact figures are not available for all items, carefully prepared estimates are acceptable.

PLEASE NOTE – There may be errors in the registration information. If there are errors in the VIN, make, and model year registration information, or if the vehicle identified never was in your possession, do not complete the questionnaire. Return it to the Census Bureau, along with a note correcting the errors in the registration information. (For statistical reasons, we cannot accept any substitution for the sampled vehicle.)

NOTICE

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget (OMB). The OMB 8-digit number appears in the upper right corner of this questionnaire. Public reporting burden for this collection of information is estimated to average between 20 and 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Associate Director for Administration, Attn: Paperwork Reduction Project 0607-0830, Room 3104, Federal Building 3, Bureau of the Census, Washington, DC 20233-0001.

ITEM 1

a. Is the automobile identified in the Registration Information section still in your possession?

- 110 1 ☐ Yes – Are you the – 111 1 ☐ owner? } GO to item 2a
2 ☐ lessee? }
2 ☐ No – Continue with item 1b

b. When did you dispose of this vehicle? Enter figures only
If before 7/1/96, GO to Item 15.
(Example: If June 1997 – enter 06 97)

Month	Year
113	114
	19 ____

c. How did you dispose of this vehicle?

- 115 1 ☐ Sold, traded, or gave it away
2 ☐ Junked, scrapped, or otherwise destroyed
3 ☐ Returned to leasing company

ITEM 2

a. When did you obtain this vehicle? Enter figures only
(Example: If June 1990 – enter 06 90)

Month	Year
116	117
	19 ____

b. How did you obtain this vehicle?

- 118 1 ☐ Purchased it new
2 ☐ Purchased it used (or otherwise acquired)
3 ☐ Leased or rented it FROM someone else

ITEM 3

What is the body type of this vehicle?

- 300 41 ☐ Station wagon
42 ☐ Automobile (subcompact, compact, midsize or large sedan)
80 ☐ Other — If the above descriptions do not match the body type of this vehicle, please describe the body type in detail ↴

ITEM 4

How many weeks during 1997 was this vehicle operated? An estimate is acceptable.

Weeks
607

ITEM 5

a. How many miles was this vehicle driven during 1997? An estimate is acceptable.

Miles
401

b. How many miles has this vehicle been driven since it was manufactured?
An estimate is acceptable.

NOTE – If it is no longer in your possession, please estimate the total lifetime mileage at the time you last operated it. If the odometer/speedometer is broken, please give your best estimate. If the odometer has turned over (100,000+ miles), please enter the total figure. (Example: If a 100,000 mile odometer has turned over twice and the odometer reads 18,522, then the value is 218,522.)

Miles
402

**ITEM 6**

- a. In which STATE was this vehicle operated or parked on July 1, 1997?
Use 2-letter State abbreviation only. (Example: If Maryland – enter MD)

State
406 _____

- b. What percent of this vehicle's 1997 mileage was driven OUTSIDE this State?
An estimate is acceptable. (If none, enter zero.)

Percent
409 _____ %

ITEM 7

What approximate PERCENT of this vehicle's 1997 mileage was accounted for by the type of trips listed below?
If all trips were within one range, enter 100%. If more than one range is applicable, be sure that percents total 100%.

- Trips off-the-road, little travel on public roads
Trips less than 50 miles from vehicle's home base
Trips between 50 and 100 miles from vehicle's home base
Trips between 100 and 200 miles from vehicle's home base
Trips between 200 and 500 miles from vehicle's home base
Trips beyond 500 miles of vehicle's home base

Percent
410 _____ %
411 _____ %
412 _____ %
413 _____ %
414 _____ %
415 _____ %
TOTAL → 100%

ITEM 8

- a. How many miles-per-gallon (MPG) did this vehicle average during 1997?
An estimate is acceptable.

Miles	Tenths
416 _____	_____

- b. What kind of fuel does this vehicle use?
Mark (X) ONE box only.

- 418 1 ☐ Leaded gasoline
2 ☐ Unleaded gasoline
3 ☐ Diesel
4 ☐ Liquefied gas (Petroleum (LPG) or Natural (LNG))
5 ☐ Other – Please specify ↴

ITEM 9

Who performed the general maintenance and major overhauls on this vehicle?
Mark (X) all that apply.

	General maintenance	Major overhauls
Yourself	440 <input type="checkbox"/>	448 <input type="checkbox"/>
Your company's own maintenance facilities	441 <input type="checkbox"/>	449 <input type="checkbox"/>
Dealership's service department	442 <input type="checkbox"/>	450 <input type="checkbox"/>
Leasing company	443 <input type="checkbox"/>	451 <input type="checkbox"/>
Independent garage or private mechanic (includes gasoline or service stations)	444 <input type="checkbox"/>	452 <input type="checkbox"/>
Component distributorship (engine, transmission, etc.)	445 <input type="checkbox"/>	453 <input type="checkbox"/>
No one	446 <input type="checkbox"/>	454 <input type="checkbox"/>
Other - Please specify <input type="checkbox"/>	447 <input type="checkbox"/>	455 <input type="checkbox"/>

ITEM 10

Which of the following best describes the way this vehicle was operated?
Mark (X) ONE box only.

NOTE — If this vehicle was operated for business use and personal transportation, please check MIXED and indicate approximately what percent was business use and what percent was personal transportation.

- 500 1 ☐ Business use — Operated for a private business (including self-employers, taxicab operations, limousine services) or a company: used primarily for that business
- 2 ☐ Personal transportation — Operated for pleasure driving, travel to work, school, shopping, entertainment, etc. - GO to item 14
- 4 ☐ Daily or Short-term rental — Rented by the day or week(s) for various purposes
- 5 ☐ Mixed — Used for both business and personal transportation

Percent business use

Percent personal use

TOTAL →

Percent	
501	
	%
502	
	%
100%	

**ITEM 11**

Which of the following best describes your business (or part of your business) in which the vehicle was used)? *If vehicle was leased, indicate business of lessee.*
Mark (X) ONE box only.

- 518 ☐ 01 Agricultural, farming, forestry, or lumbering activities
- 03 ☐ 03 Construction work, contractor activities, or special trades
- 05 ☐ 05 Manufacturing, refining, processing, or sales activities
- 06 ☐ 06 Wholesale trade or sales
- 07 ☐ 07 Retail trade or sales
- 17 ☐ 17 Finance, insurance, or real estate
- 18 ☐ 18 Church or other charitable purposes
- 08 ☐ 08 Business and personal services – Used to assist in such services as lodging operations, landscaping, repair (except plumbing, electrical work, etc. – *See "Construction work, contractor activities, or special trades"*), laundry, advertising, entertainment, etc.
- 09 ☐ 09 Utilities – Used to assist in operation or service of public utilities (telephone, gas, electric, cable television, etc.)
- 11 ☐ 11 Daily rental – Rented out, without a driver, to someone else on a daily or short-term basis
- 16 ☐ 16 One-way rental
- 13 ☐ 13 Not in use – Vehicle idle, wrecked, awaiting repair, etc., for more than 6 months
- 14 ☐ 14 For-hire transportation (including taxicab, limousine, etc.)
- 15 ☐ 15 Other – *Please describe in detail* ↗

ITEM 12

From the following list, enter the approximate percent of the vehicle's 1997 mileage associated with each activity.

NOTE – *You can use round figures (10%, 25%, etc.).*

No load

Customer transportation

Employee transportation (company cars)

Deliveries

Carrying tools, equipment, samples, or other business-related items

Other – *Please describe in detail.* ↗

Percent	
519	%
601	%
602	%
603	%
542	%
549	%
100%	

TOTAL →

ITEM 13

Please indicate below the total number of automobiles owned and/or operated by you or your company. *Subsidiaries of companies should report fleet size for the respective subsidiary only.*

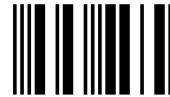
- | | |
|--------------------------------------|--|
| 600 01 <input type="checkbox"/> 1 | 06 <input type="checkbox"/> 100 to 499 |
| 02 <input type="checkbox"/> 2 to 5 | 07 <input type="checkbox"/> 500 to 999 |
| 03 <input type="checkbox"/> 6 to 9 | 08 <input type="checkbox"/> 1,000 to 4,999 |
| 04 <input type="checkbox"/> 10 to 24 | 09 <input type="checkbox"/> 5,000 to 9,999 |
| 05 <input type="checkbox"/> 25 to 99 | 10 <input type="checkbox"/> 10,000 or more |

ITEM 14

Remarks – *Please use this space for any explanations that may be important in understanding your reported data.*

ITEM 15 Contact Information

a. Name of person to contact regarding this report			b. Address (Number and street)		
c. City			d. State	e. ZIP Code	
f. Daytime telephone number →	Area code	Number	Extension (If any)	g. Vehicle fleet number if any	
h. Signature of authorized person					i. Date



BRIEF EXCERPT FROM TITLE 13, UNITED STATES CODE
THAT EXPLAINS THE MANDATORY NATURE OF THIS SURVEY

SECTION 131: Collection and publication; five-year periods

The Secretary shall take, compile, and publish censuses of manufactures, of mineral industries, and of other businesses, including the distributive trades, service establishments, and transportation (exclusive of means of transportation for which statistics are required by law to be filed with, and are compiled and published by, a designated regulatory body), in the year 1964, then in the year 1968, and every fifth year thereafter, and each such census shall relate to the year immediately preceding the taking thereof.